. PLACE OF BIRTH	BUREAU	TE BOARD OF HEALTH OF VITAL STATISTICS CERTIFICATE OF BIRTH	State File No. 2/7 Registered No.	
county Such		State	······································	
District on Township	+	or Village		١.
Sity/·W My	Musiko (H)	th occurred in a hospital or institution, a	St. Ward ive its NAME instead of street and number)	-
. Full name of child Eville	in Keith	June	If child is not yet named, make supplemental report, as directed.	
Sex of Child To be answered in event of plur births.		1/2 17.	Date 27 1926 of birth Day Year	
full name of the first of the f	Hume	14. (Full maiden Trame M	morner//p	
. Residence (Usual place of abode)	a- Horn M	15 Residence (Usual place of abode)	austrial	
If non-resident, give place and st	ite. au	If non-resident, give pla	ce and state.	
Color or race	at last birthday	ears) While	17. Age at last birthday 20 (Years)	
2. Birthplace (city or place)	mouri	18. Birthplace (city or place (State or country)	Rose	1
3. Occupation Nature of industry	ph	19. Occupation Nature of industry	four wil	
O. Number of children of this moti Taken as of time of birth of child h	orein } (b) Born a	live but now dead	. Were precautions taken against oph- thalmia neonatorum?	
ertified and including this child.)) (c) Stillbo	nding physician or midwife		ر (
hereby certify that I attended the		(Born alive constitutory)	m, on the date above stated	
When there was no attending phor midwife, then the father, house etc., should make this return. A still is one that neither breathshows other evidence of life after	holder, (Many	(Physiciant yr midwife).	
,	day, year Filed	11/2 /bl (PHH Hola	
1	legistrar	V	Ouckettat	1